

Name: \_\_\_\_\_ Semester of Enrollment: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ 20\_\_\_  
Please Print (Last) (First) (M.I.)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street/ P.O. Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ LSUHS ID Number: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**I, the above-named student, request an exemption for the COVID-19 vaccine.**

I request an immunization exemption, based on the following reason(s):

**Medical**

**Personal/ Religious**

**Shortage (unable to locate vaccine)**

I understand that by submitting this form for the required COVID-19 vaccine, I exempt at my own risk.

I have received and reviewed information from the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html> regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated.

I release LSU Health Shreveport, its administrators, faculty, staff and students from any and all claims, connected with an exposure, outbreak or threatened outbreak of disease or other public health emergency on campus.

I understand that if I claim exemption for any of the reasons stated above, I must comply with assigned COVID-19 testing requirements and other prevention guidance. In addition, I may be excluded from campus events and activities until the pandemic is over or until I submit proof of immunization(s).

If I am under 18 years of age, I understand that my parent or legal guardian must also sign below.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian (if required)**

\_\_\_\_\_  
**Date**